



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

Dona C. Bruns, Treasurer  
Cleo Bohls Fund  
422 Saddle Tree  
New Braunfels, TX 78130

SEP 7 1994

Identification Number: C00248799

Reference: July Quarterly Report (1/1/94-7/15/94)

Dear Ms. Bruns:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Please provide the totals for Lines 20 and 31, Columns A and B, of the Detailed Summary Page.

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) from an organization(s) which is not a political committee registered with the Commission. In order for your committee to accept contributions from unregistered organizations into accounts used to influence federal elections, your committee should take steps to insure that the contributor(s) used permissible funds to make the contribution(s) to avoid violating 2 U.S.C. 55441a(f) and 441b or 11 CFR §102.5(b). Under 11 CFR §102.5(b), organizations which are not political committees under the Act and choose to contribute to federal committees must either: 1) establish a separate account which contains only those funds permitted under the Act; or 2) demonstrate through a reasonable accounting method that the organization has received sufficient funds subject to the limitations and prohibitions in order to make the contribution.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. In addition, please clarify whether the contribution(s) received from the referenced organization(s) is permissible. To the extent that your committee has received impermissible funds, the Commission recommends that you transfer the

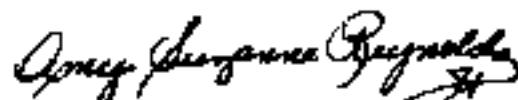
impermissible funds to an account not used to influence federal elections or refund the impermissible amount(s) to the donor(s) in accordance with 11 CFR §103.3(b). The Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. Should you choose to transfer-out or refund the contribution(s), the Commission will presume the funds were impermissible if no statement from your committee provides information to the contrary. Transfers-out and refunds should be disclosed on a Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee in transferring-out or refunding the amounts will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3680.

Sincerely,



Amy Suzanne Reynolds  
Reports Analyst  
Reports Analysis Division

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedules  
for each category of the  
Detailed Summary Page

PAGE / OF  
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (In Full)

Cleo Barros Fund

## A. Full Name, Mailing Address and ZIP Code

Roy R. Barros, Jr.

Receipt For:  Primary  General

Other (specify): General Contributions

## Name of Employer

Leif

Date (month,  
day, year)

2-18-94

Amount of Each  
Receipt this Period

500.00

## B. Full Name, Mailing Address and ZIP Code

\$100  
Leif  
Day for Justice Campaign  
203 Commerce St.  
Fort Worth, TX 76102

Receipt For:  Primary  General

Other (specify): General Contributions

## Name of Employer

Leif

Date (month,  
day, year)

4-1-94

Amount of Each  
Receipt this Period

100.00

## C. Full Name, Mailing Address and ZIP Code

Tom Pauken  
P.O. Box 545808  
Dallas, TX 75359

Receipt For:  Primary  General

Other (specify): Table for Fundraising

## Name of Employer

Leif

Date (month,  
day, year)

6-10-94

Amount of Each  
Receipt this Period

300.00

## D. Full Name, Mailing Address and ZIP Code

Kent Lissenden of Campaign  
1221 W. Market Lane Rd.  
Arlington, TX 76017

Receipt For:  Primary  General

Other (specify): Table for Fundraising

## Name of Employer

State Rep. in  
TX Leg - Leif

Date (month,  
day, year)

6-2-94

Amount of Each  
Receipt this Period

300.00

## E. Full Name, Mailing Address and ZIP Code

Brian McCall account  
Campaign / Office Reader  
P.O. Box 361881  
Plano, TX 75086-1881

Receipt For:  Primary  General

Other (specify): Table for Fundraising

## Name of Employer

State of TX.  
also Brian McCall Inc.

Date (month,  
day, year)

6-2-94

Amount of Each  
Receipt this Period

300.00

## F. Full Name, Mailing Address and ZIP Code

\* Taylor Co. R. W.  
P.O. Box 2983  
Abilene, TX 79604

Receipt For:  Primary  General

Other (specify): Table for Fundraising

## Name of Employer

Organization  
of  
Volunteers

Date (month,  
day, year)

6-10-94

Amount of Each  
Receipt this Period

300.00

## G. Full Name, Mailing Address and ZIP Code

\* Vote PAC  
Success Co. & W.  
5030 Bagdad Ct.  
Converse, TX 78113

Receipt For:  Primary  General

Other (specify): Table for Fundraising

## Name of Employer

organization  
of  
Volunteers

Date (month,  
day, year)

6-10-94

Amount of Each  
Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

TOTAL This Period (last page this line number only) \_\_\_\_\_

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 2 OF 9  
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## NAME OF COMMITTEE (In Full)

*The Bachar Fund*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Jonell Sims 36 Chemney Hollow Odessa, TX. 79762</i>	<i>Retired</i>	<i>6-10-94</i>	<i>300.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Tickets for Fundraising</i>	Occupation		
	Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Tom Baker Congressional Committee 5100 Websterne, Suite 300 Houston, TX. 77058</i>	<i>F. d. Government</i>	<i>6-10-94</i>	<i>345.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Tickets for Fundraising</i>	Occupation		
	Aggregate Year-to-Date > \$ 345.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Northwest Forest PAC 2001 Cone Creek Drive Houston, TX. 77090</i>	<i>Organization</i>	<i>6-10-94</i>	<i>185.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Tickets for Fundraising</i>	Occupation		
	Aggregate Year-to-Date > \$ 305.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Parker Co. Rep. W. P.A.C. P.O. Box 1622 Weatherford, TX. 76086</i>		<i>2-18-94</i>	<i>50.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Memorials, Tickets</i>	Occupation		
		<i>6-10-94</i>	<i>70.00</i>
		<i>4-1-94</i>	<i>25.00</i>
	Aggregate Year-to-Date > \$ 145.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Burleson Area R.W.PAC P.O. Box 58 Burleson, TX. 76028</i>		<i>4-1-94</i>	<i>25.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Memorials, Tickets</i>	Occupation		
		<i>6-10-94</i>	<i>70.00</i>
	Aggregate Year-to-Date > \$ 95.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Bexar County Rep. W. P.A.C. 1707 Town Crest San Antonio, TX. 78248</i>		<i>2-18-94</i>	<i>100.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Honorarium, Tickets</i>	Occupation		
		<i>6-10-94</i>	<i>50.00</i>
	Aggregate Year-to-Date > \$ 150.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Northwood R.W.C. 7616 Dunbar Way Dallas</i>		<i>4-1-94</i>	<i>20.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): <i>Memorials</i>	Occupation		
	Aggregate Year-to-Date > \$ 20.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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PAGE 1 OF 9  
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## NAME OF COMMITTEE (In Full)

Cle Bobbs Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J W Campaign Fund 3318 Vandagrill Lane Austin, TX. 78024		4/10/94 6/2/94	50.00 15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Nomination, Honorarium</u>	Occupation		
	Aggregate Year-to-Date	> \$ 65.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bob Hall Area PAC 8006 El Dorado Austin, TX. 78737		4-1-94	10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Memorials</u>	Occupation		
	Aggregate Year-to-Date	> \$ 10.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alamo City RWC PAC 524 Country Lane San Antonio, TX. 78209		4-1-94 6-10-94	25.00 70.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Memorials, tickets</u>	Occupation		
	Aggregate Year-to-Date	> \$ 95.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
St. Worch R W PPL 4923 Ledgerton St. St. Worch, TX. 76132		4-1-94 6-2-94	15.00 70.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Honorarium, tickets</u>	Occupation		
	Aggregate Year-to-Date	> \$ 85.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
St. Bush R W PAC 3311 Boca Raton Missouri City, TX. 77459		5-13-94 6-2-94 6-10-94	25.00 35.00 35.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Memorial, Tickets</u>	Occupation		
	Aggregate Year-to-Date	> \$ 95.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pink Elephant Committee 909 Bedford Midland, TX. 79701		5-13-94 6-2-94	15.00 15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	> \$ 30.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Highland Lakes RWC Rt. 1 Box 162 Buchanan Dam, TX. 78609		5-13-94	10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Memorial</u>	Occupation		
	Aggregate Year-to-Date	> \$ 10.00	

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

TOTAL This Period (see page this line number only) \_\_\_\_\_

## SCHEDULE A

## ITEMIZED RECEIPTS

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Detailed Summary Page

PAGE / OF  
19  
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## NAME OF COMMITTEE (in full)

Cleo Bohler Fund

A. Full Name, Mailing Address and ZIP Code <i>Recreationarea PAC</i> <i>5311 Jason</i> <i>Plano, TX 75096</i>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 25.00	Date (month, day, year)  5-13-94	Amount of Each Receipt this Period  25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Memorials</i>			
B. Full Name, Mailing Address and ZIP Code <i>HCRW - PAC</i> <i>P.O. Box 122</i> <i>Beeville, TX 78006</i>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 10.00	Date (month, day, year)  5-13-94	Amount of Each Receipt this Period  10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Memorials</i>			
C. Full Name, Mailing Address and ZIP Code <i>Checkaholic Team PW</i> <i>P.O. Box</i> <i>Laredo, TX 78571</i>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 70.00	Date (month, day, year)  6-2-94	Amount of Each Receipt this Period  70.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Tickets</i>			
D. Full Name, Mailing Address and ZIP Code <i>Paraphenalia PW PAC</i> <i>P.O. Box 21</i> <i>Spicewood, TX 77384</i>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 70.00	Date (month, day, year)  6-2-94	Amount of Each Receipt this Period  70.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Tickets</i>			
E. Full Name, Mailing Address and ZIP Code <i>Kingwood Area PW PAC</i> <i>2058 River Lawn</i> <i>Kingwood, TX 77339</i>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 70.00	Date (month, day, year)  6-2-94	Amount of Each Receipt this Period  70.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Tickets</i>			
F. Full Name, Mailing Address and ZIP Code <i>Mesquite PW</i> <i>301 E. Took</i> <i>Irving, TX 75182</i>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 60.00	Date (month, day, year)  6-2-94	Amount of Each Receipt this Period  60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Tickets</i>			
G. Full Name, Mailing Address and ZIP Code <i>Plano PW</i> <i>8918 Providence Place</i> <i>Plano, TX 75075</i>	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 60.00	Date (month, day, year)  6-2-94 5-16-94	Amount of Each Receipt this Period  60.00 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Tickets, memorials</i>	Aggregate Year-to-Date > \$ 70.00		

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

TOTAL This Period (last page this line number only) \_\_\_\_\_

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Detailed Summary PagePAGE 5 OF 9  
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## NAME OF COMMITTEE (In Full)

Cico Loka Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henderson Co RWC 724 Melbert St Odessa, TX. 75751		6-10-94	120.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tickets	Occupation		
	Aggregate Year-to-Date > \$ 120.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
East El Paso RWC 11300 Tercera El Paso, TX. 79936		6-10-94	70.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tickets	Occupation		
	Aggregate Year-to-Date > \$ 70.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Amarrillo RWC P.O. Box 19336 Amarillo, TX. 79114.		6-10-94	70.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tickets	Occupation		
	Aggregate Year-to-Date > \$ 70.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aerating Rep. Women 2602 Lodglow Dr. Austin, TX. 78704		6-10-94	70.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tickets	Occupation		
	Aggregate Year-to-Date > \$ 70.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Metropolis RWPAC 1/2 Bedford Court, West Nesbit, TX. 76053		6-10-94	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tickets	Occupation		
	Aggregate Year-to-Date > \$ 100.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
White Rock RWC 9053 Markville Dr #1122 Dallas, TX. 75243		6-10-94	105.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tickets	Occupation		
	Aggregate Year-to-Date > \$ 105.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Couch Valley RWC PAC 2725 Alta Vista Lane San Antonio, TX. 78901		6-10-94 6-22-94	60.00 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tickets, Movie tickets	Occupation		
	Aggregate Year-to-Date > \$ 110.00		

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

TOTAL This Period (last page this line number only) \_\_\_\_\_

## SCHEDULE A

## ITEMIZED RECEIPTS

Use expense schedule(s)  
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PAGE 6 OF 9  
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## NAME OF COMMITTEE (in full)

*Che Buhls Fund*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Park Cities PAC</i> <i>3683 Turtle Creek #2016</i> <i>Dallas, TX. 75219</i>		<i>6-10-94</i>	<i>70.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Tickets</i>	Occupation		
	Aggregate Year-to-Date > <i>\$ 70.00</i>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Golden Corridor PAC</i> <i>311 Forest Lane Dr.</i> <i>Richardson, TX. 75080</i>		<i>6-10-94</i>	<i>70.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Tickets</i>	Occupation		
	Aggregate Year-to-Date > <i>\$ 70.00</i>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Westwood PAC</i> <i>4525 Mill Run Rd</i> <i>Dallas, TX. 75244</i>		<i>6-10-94</i>	<i>70.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Tickets</i>	Occupation		
	Aggregate Year-to-Date > <i>\$ 70.00</i>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Lone Star PAC</i> <i>1212 Wilshire</i> <i>San Antonio, TX. 78209</i>		<i>6-10-94</i>	<i>70.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Tickets</i>	Occupation		
	Aggregate Year-to-Date > <i>\$ 70.00</i>		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Friends of Jeff Wentworth</i> <i>P.O. Box 740948</i> <i>San Antonio, TX. 78279</i>		<i>6-10-94</i>	<i>60.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Tickets</i>	Occupation	<i>6-10-94</i>	<i>65.00</i>
	Aggregate Year-to-Date > <i>\$ 125.00</i>		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Archers of Congress Campaign</i> <i>2001 Kirby Dr.</i> <i>Houston, TX. 77019</i>		<i>6-10-94</i>	<i>90.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Tickets</i>	Occupation		
	Aggregate Year-to-Date > <i>\$ 90.00</i>		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Pecos County PAC</i> <i>708 S. Morris</i> <i>Kosciusko, TX. 76240</i>		<i>6-10-94</i>	<i>70.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Tickets</i>	Occupation		
	Aggregate Year-to-Date > <i>\$ 70.00</i>		

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

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## ITEMIZED RECEIPTS

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PAGE  
7 OF  
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## NAME OF COMMITTEE (In Full)

Clio Bakka Fund

A. Full Name, Mailing Address and ZIP Code  
Northeast Paper Co. PAC  
P.O. Box 2274  
Universal City, TX. 78148

Receipt For:  Primary  General

Other (specify): Tickets

B. Full Name, Mailing Address and ZIP Code  
Jerry Madden Campaign  
2424 Fairway Dr.  
Richardson, TX. 75080

Receipt For:  Primary  General

Other (specify): Tickets

C. Full Name, Mailing Address and ZIP Code  
Melanie Masters  
5157 Nally Ter.  
Houston, TX. 77056

Receipt For:  Primary  General

Other (specify):

D. Full Name, Mailing Address and ZIP Code  
David Swafford Campaign  
P.O. Box 645  
Decatur, TX. 76029

Receipt For:  Primary  General

Other (specify): Tickets

E. Full Name, Mailing Address and ZIP Code  
Lake Highlands Rep WC  
9016 Maguiree Bridge St.  
Dallas, TX. 75237

Receipt For:  Primary  General

Other (specify): Tickets

F. Full Name, Mailing Address and ZIP Code  
Patterson Campaign  
4010 Fairmont Parkway

Receipt For:  Primary  General

Other (specify): Tickets

G. Full Name, Mailing Address and ZIP Code  
Metropolitan RWC  
3801 Shallowford  
St. Louis, MO. 76133

Receipt For:  Primary  General

Other (specify): Tickets

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-10-94

115.00

Occupation

Aggregate Year-to-Date > \$ 115.00

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Tx. State Legislature

6-10-94

60.00

Occupation

State Rep

Aggregate Year-to-Date > \$ 60.00

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Self

6-10-94

305.00

Occupation

Interior Designer

Aggregate Year-to-Date > \$ 305.00

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Tx. State Legislature

6-10-94

60.00

Occupation

State Rep

Aggregate Year-to-Date > \$ 60.00

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-10-94

60.00

Occupation

Aggregate Year-to-Date > \$ 60.00

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Tx. State Legislature

6-10-94

135.00

Occupation

State Rep

Aggregate Year-to-Date > \$ 135.00

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-10-94

70.00

Occupation

Aggregate Year-to-Date > \$ 70.00

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 3 OF 9  
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (In Full)

Cleo Babb Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Friends of Sam Johnson P.O. Box 797866 Dallas, TX. 75379	Ex. d. Government	6-10-94	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tickets	Occupation Congressman	Aggregate Year-to-Date > \$ 60.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Select Judge Sandra Harland 5501 Channah Lane Plano, TX. 75093	State of Tx.	6-10-94	60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tickets	Occupation Judge	Aggregate Year-to-Date > \$ 60.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Caston West RWC 6027 Sesco Dallas, TX. 75225		6-10-94	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tickets	Occupation	Aggregate Year-to-Date > \$ 100.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
South Llano Co RWC PAC P.O. Box 7672 Horseshoe Bay, TX. 78657		6-10-94	70.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tickets	Occupation	Aggregate Year-to-Date > \$ 70.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
New Braunfels RWC PAC 936 Wueberay New Braunfels, TX. 78130		6-2-94	15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Donations	Occupation	Aggregate Year-to-Date > \$ 15.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Patterson for Judge 2 Turtle Creek Village	Attorney	6-10-94	30.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tickets	Occupation Jef	Aggregate Year-to-Date > \$ 30.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Glenda Shapiro Campaign 3700 W. 19th St. 100C Kens., TX. 75075	State Legislature	6-2-94	30.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Tickets	Occupation St. Senator	Aggregate Year-to-Date > \$ 45.00	15.00

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this five number only) .....

## SCHEDULE A

## ITEMIZED RECEIPTS

Use expense schedules  
for each category of the  
Detailed Summary Page

PAGE 9 OF 9  
FOR LINE NUMBER

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## NAME OF COMMITTEE (in Full)

Cleo Brooks Fund

## A. Full Name, Mailing Address and ZIP Code

Graduates for State Rep Campaign  
2005 E. Lamar  
Arlington, TX 76006

Receipt For:  Primary  General  
 Other (specify): Tickets

Name of Employer

State of Tx.

Date (month,  
day, year)

Amount of Each  
Receipt this Period

6-10-94  
280.00

## B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

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 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

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 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

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 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

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 Other (specify):

Name of Employer

Date (month,  
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Date (month,  
day, year)

Amount of Each  
Receipt this Period

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 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

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 Other (specify):

Name of Employer

Date (month,  
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Amount of Each  
Receipt this Period

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 Other (specify):

Name of Employer

Date (month,  
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Amount of Each  
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 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Date (month,  
day, year)

Amount of Each  
Receipt this Period

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

TOTAL This Period (last page this line number only) \_\_\_\_\_

Starts 5/1/94 End date 7/1/94

1405.00  
5780.00

9 4 0 3 9 2 0 3 9 9 6

94039181154

8 2 9 7 6 1 6 2 0 4 6